Technology and Hawaii's Independent Physician:

From EMR / EHR and Meaningful Use to Transformation

TeamPraxis®
Transforming Healthcare Communities Nationwide

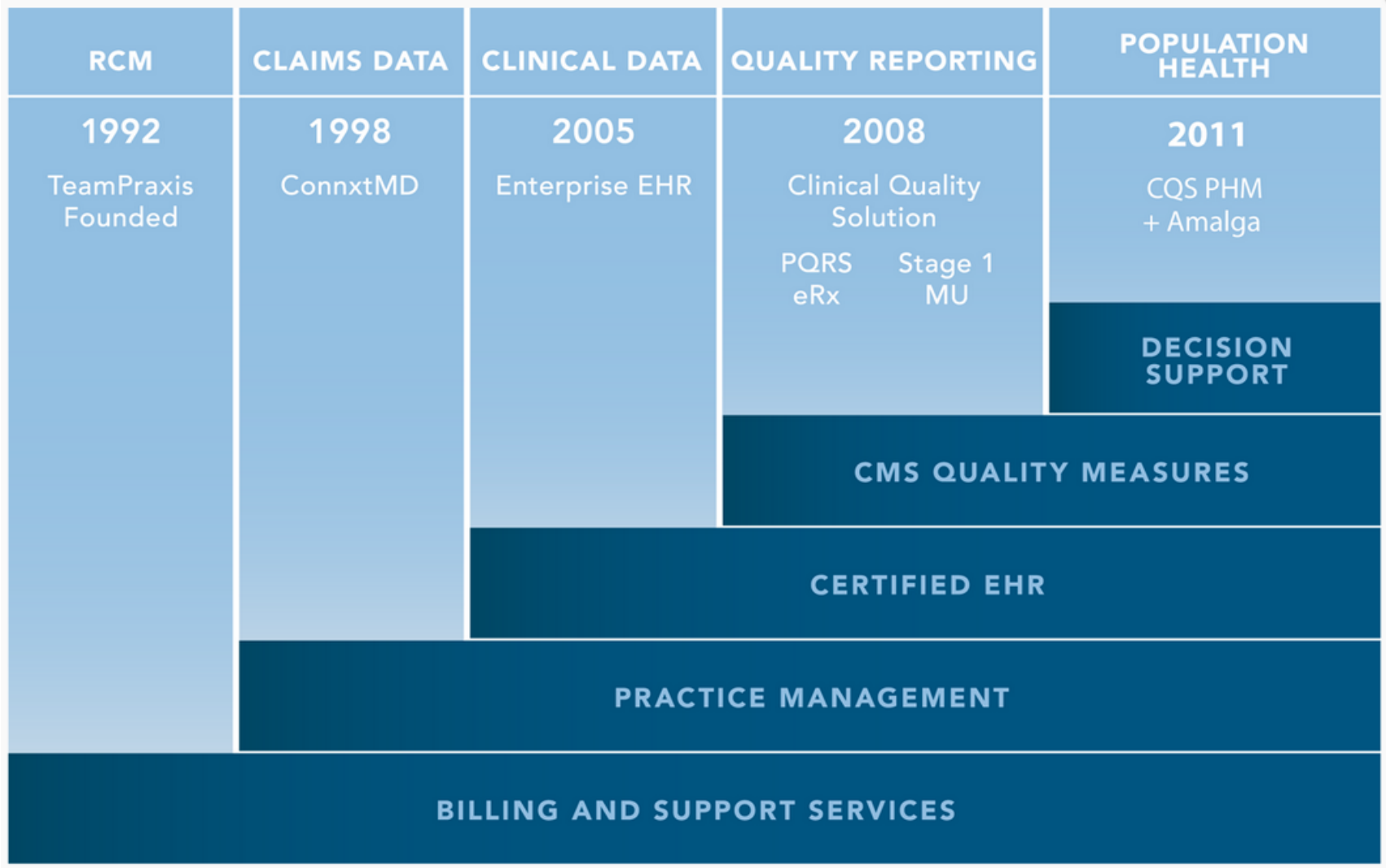
Presentation for the Honolulu Subarea Health Planning Council

Carl Barton, Director of Business Development

About TeamPraxis

- Established in 1992, current staff of over 150 FTE
  - Practice Management - Revenue Cycle Management
  - Hawaii's leading EHR provider since 2005
  - Software Development
- Serving more than 1,000 providers in Hawaii
- Clinical Quality Solution (CQS) launched in 2007
- CMS PQRS Registry since 2008
- CQS is in use by 15,000 providers at 85 different sites

TeamPraxis Timeline



TeamPraxis® 20 YEARS SERVING HAWAII

About Allscripts

- Leader in software, information and connectivity solutions that empower physicians
- Allscripts the Largest Client Network in Healthcare
  - 180,000 physicians
  - 50,000 practices
  - 1,500 hospitals
  - 10,000 post acute facilities

Overview

- Nationwide and Hawaii healthcare trends
- CQS – PHM & Qualifying Therapeutic Discovery Project Grant
- Hawaii's Independent Physicians

Nationwide and Hawaii Healthcare Trends

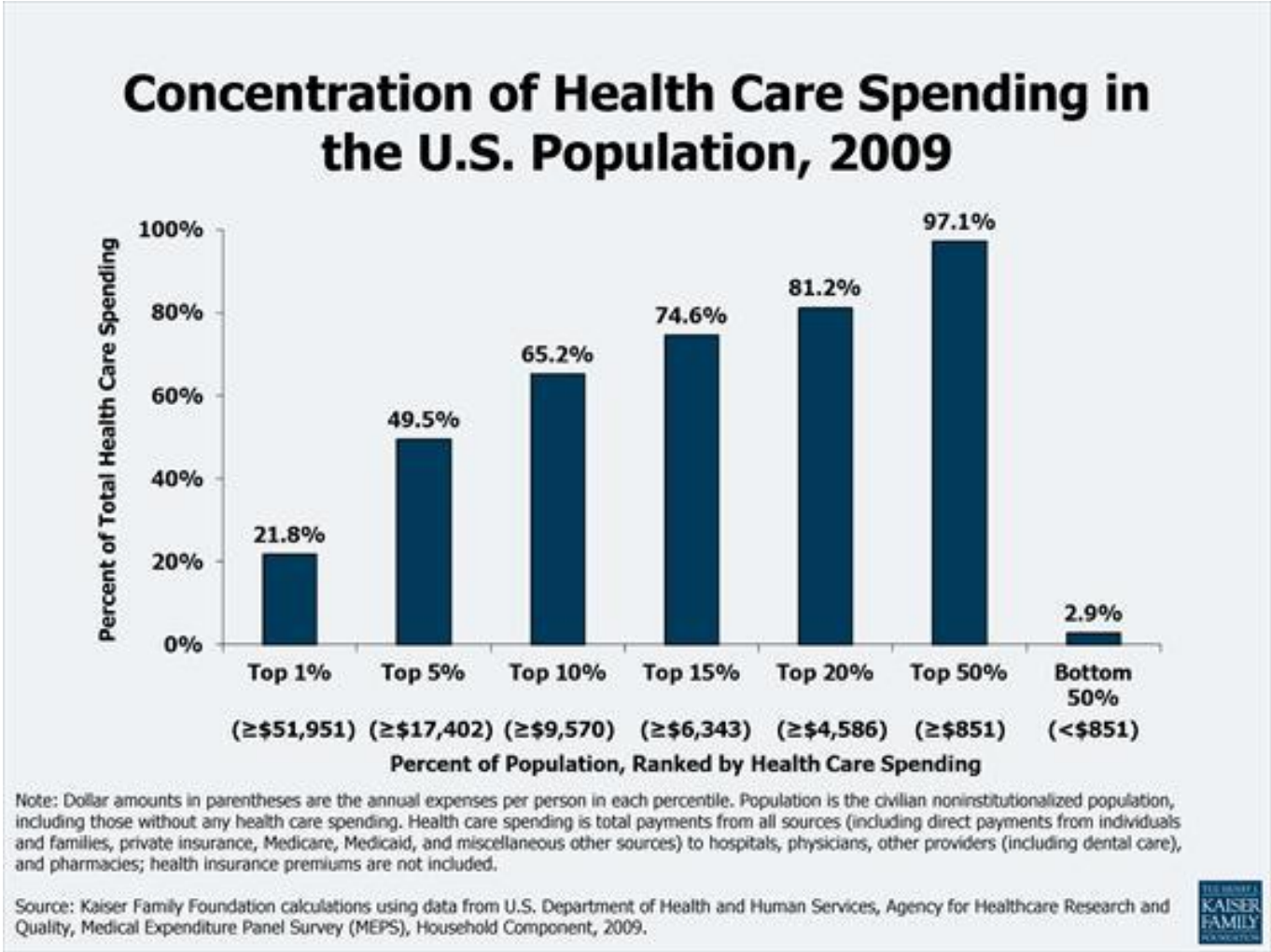
HealthLeaders Media 2012 Industry Survey

Organization's top priorities for next 3 years

- Patient Experience and Satisfaction
- Clinical Quality, Safety
- Cost Reduction, process improvement
- Payment Reform, reimbursement (VBP, accountable care)
- Physician-hospital alignment
- Technology (IT, EMR, clinical technology)

Source: http://www.healthleadersmedia.com/pdf/survey_project/2012/Overall_Cross-Sector_2012_f.pdf

Distribution of Healthcare Costs



Source: Kaiser Family Foundation (www.kff.org)

Multiple Chronic Conditions

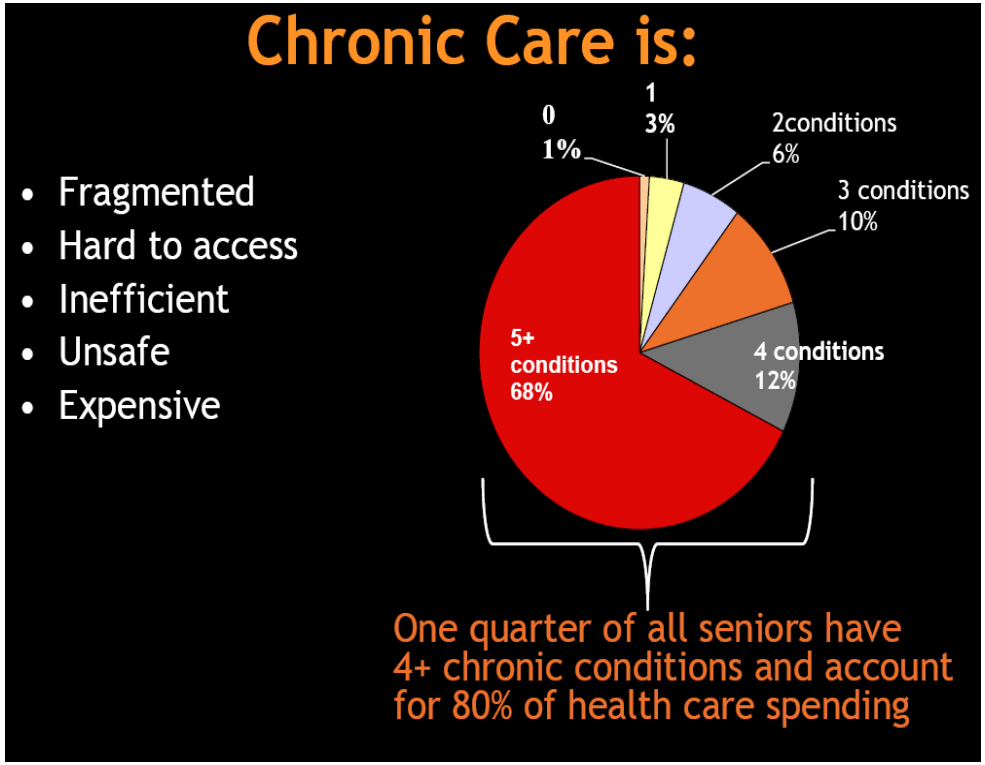
"Managing High-Risk Patients in ACOs"

Chad Boult, MD, MPH, MBA

Professor, Johns Hopkins University

PCPCC ACO Center webinar

February 13, 2012



Source: http://www.pcpcc.net/files/webinar/boult-managing-acos-2-13-2012.pdf

Chronic Conditions and Care Coordination

- Medicare patients with chronic conditions accounts for 93% of Medicare's fee-for-service expenditures.
- Multiple chronic conditions
  - 1 in 4 Americans
  - 2 of 3 Americans over 65
- Patients often receive care from multiple physicians
  - Failure to coordinate care
  - Receiving duplicative care
  - An increased risk of suffering medical errors.

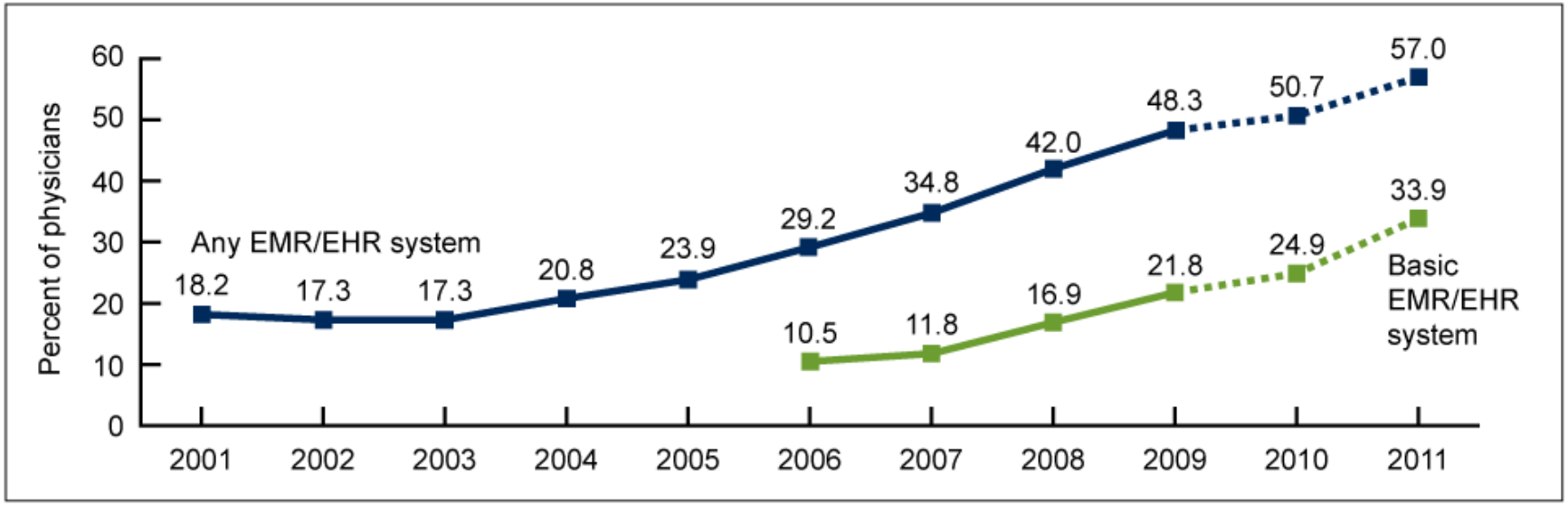
Source: http://www.healthcare.gov/news/factsheets/2011/03/accountablecare03312011a.html

2009 ARRA / HITECH

- Meaningful Use – 3 stages
  - 15 core measures
  - 5 of 10 menu set
- Certified Electronic Health Record (EHR)
- Medicare $44K – Medicaid $63,750

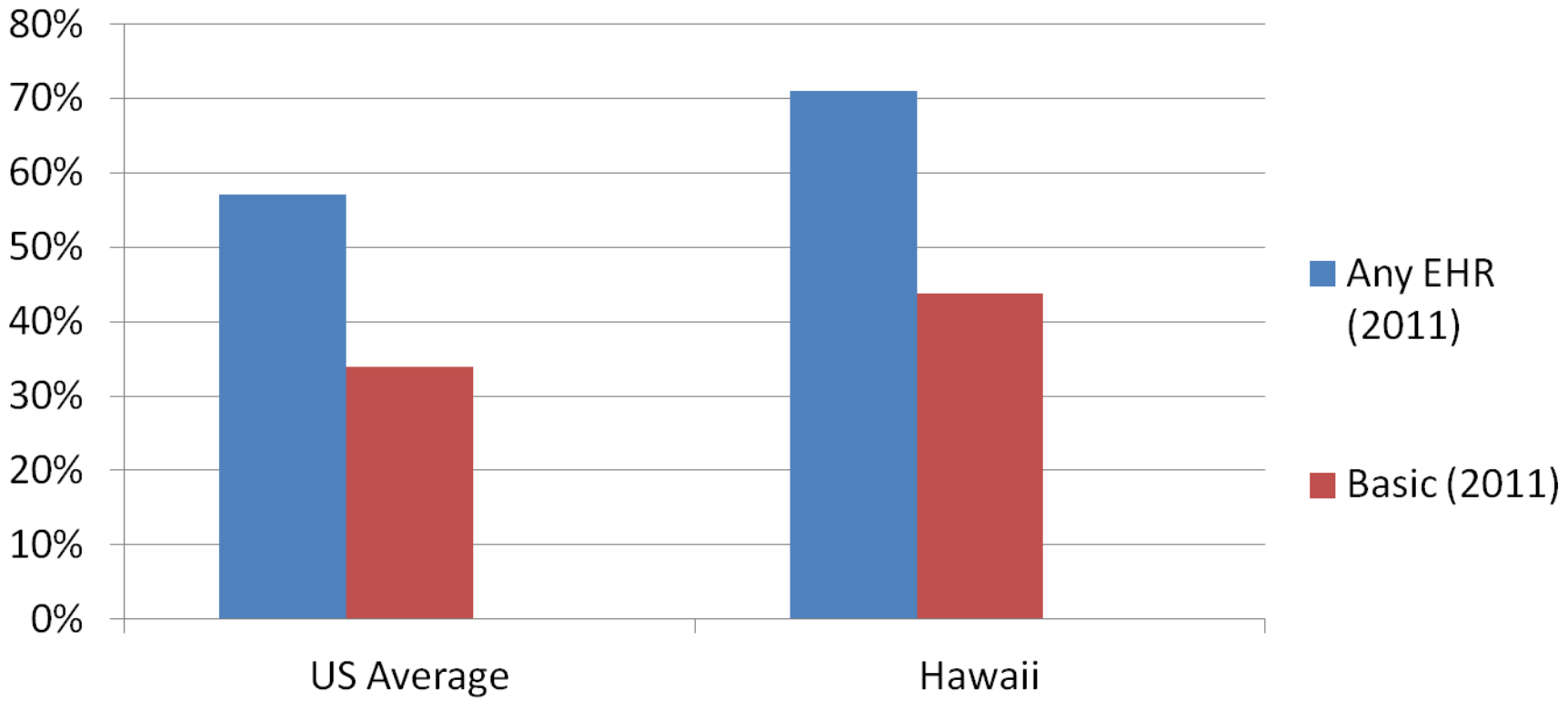
National EMR/EHR Adoption

Figure 1. Percentage of office-based physicians with EMR/EHR systems: United States, 2001–2009, and preliminary 2010–2011



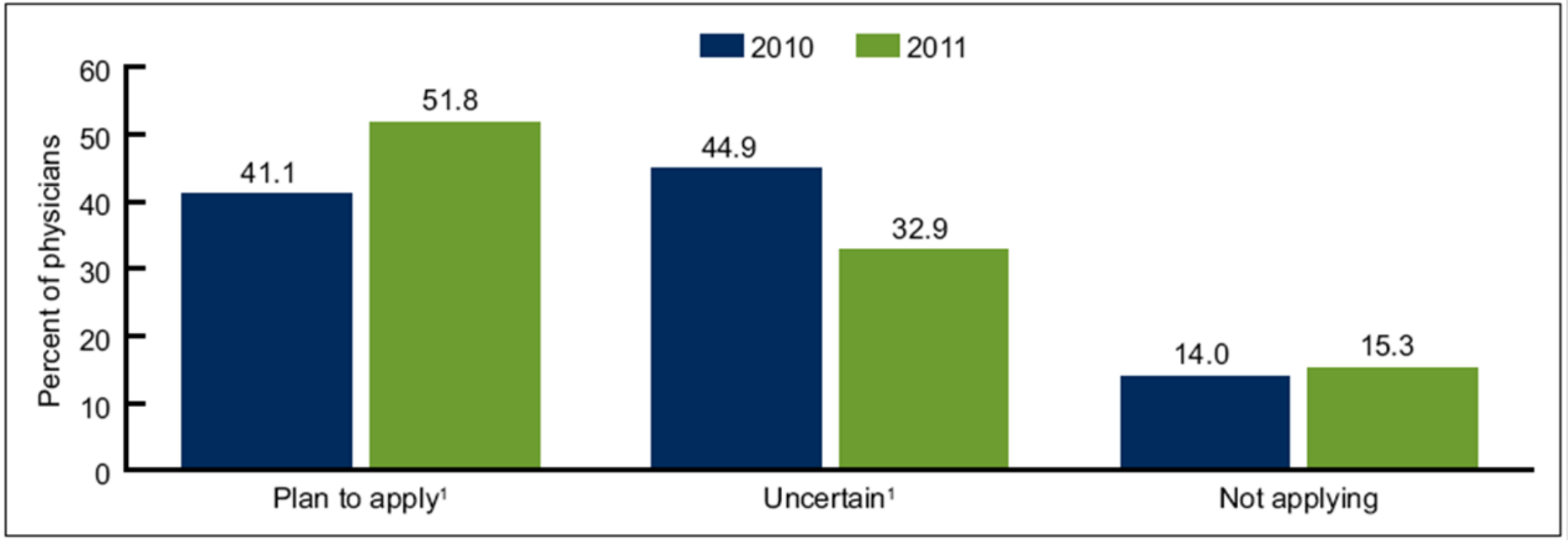
NOTES: EMR/EHR is electronic medical record/electronic health record. "Any EMR/EHR system" is a medical or health record system that is all or partially electronic (excluding systems solely for billing). Data for 2001–2007 are from the in-person National Ambulatory Medical Care Survey (NAMCS). Data for 2008–2009 are from combined files (in-person NAMCS and mail survey). Data for 2010–2011 are preliminary estimates (dashed lines) based on the mail survey only. Estimates through 2009 include additional physicians sampled from community health centers. Estimates of basic systems prior to 2006 could not be computed because some items were not collected in the survey. Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.
SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

EMR / EHR Adoption



Source: http://www.cdc.gov/nchs/data/databriefs/db79.htm

Planning to Apply for Meaningful Use



[1]Differences between 2010 and 2011 percentages are statistically significant ($p < 0.05$).
NOTES: Data are obtained from responses to the question, "Beginning in 2011, Medicare and Medicaid will offer incentives to practices that demonstrate 'meaningful use of Health IT.' At this practice, are there plans to apply for Medicare or Medicaid incentive payments for meaningful use of Health IT?" Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.
SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Health Information Technology (HIT)

- Practice Management
- EMR / EHR
- Clinical Decision Support (CDS)
- Population Health Management (PHM)
- Healthcare Informatics / Analytics
- Health Information Exchange – HIE
- Patient Portal

Effectiveness of Technology in Clinical Environments

- 92% of published articles on health IT found positive effects on quality and efficiency
  - Study by ONC and published in *Health Affairs*
  - 154 articles published from July 2007 to Feb 2010
- Increasing evidence of benefits for all healthcare providers not just early adopters

Source: http://www.hhs.gov/news/press/2011pres/03/20110308a.html

HIT and Clinical Transformation

Facilitating

- Accountable Care Organization (ACO)
- Patient Centered Medical Home (PCMH)

Goals

- Reduce cost, new reimbursement models, measure reporting, improve quality & outcomes, increase coordination, proactive care, manage chronic diseases, preventative health, engage patients

Accountable Care Organizations (ACO)

- Risk Sharing models, value based purchasing (VBP)
- Shared savings and losses
- Creates a new healthcare market
- Market players (Hospitals, IPAs, etc.)
- The role of technology
- The role of PCMH

Nationwide PCMH Successes

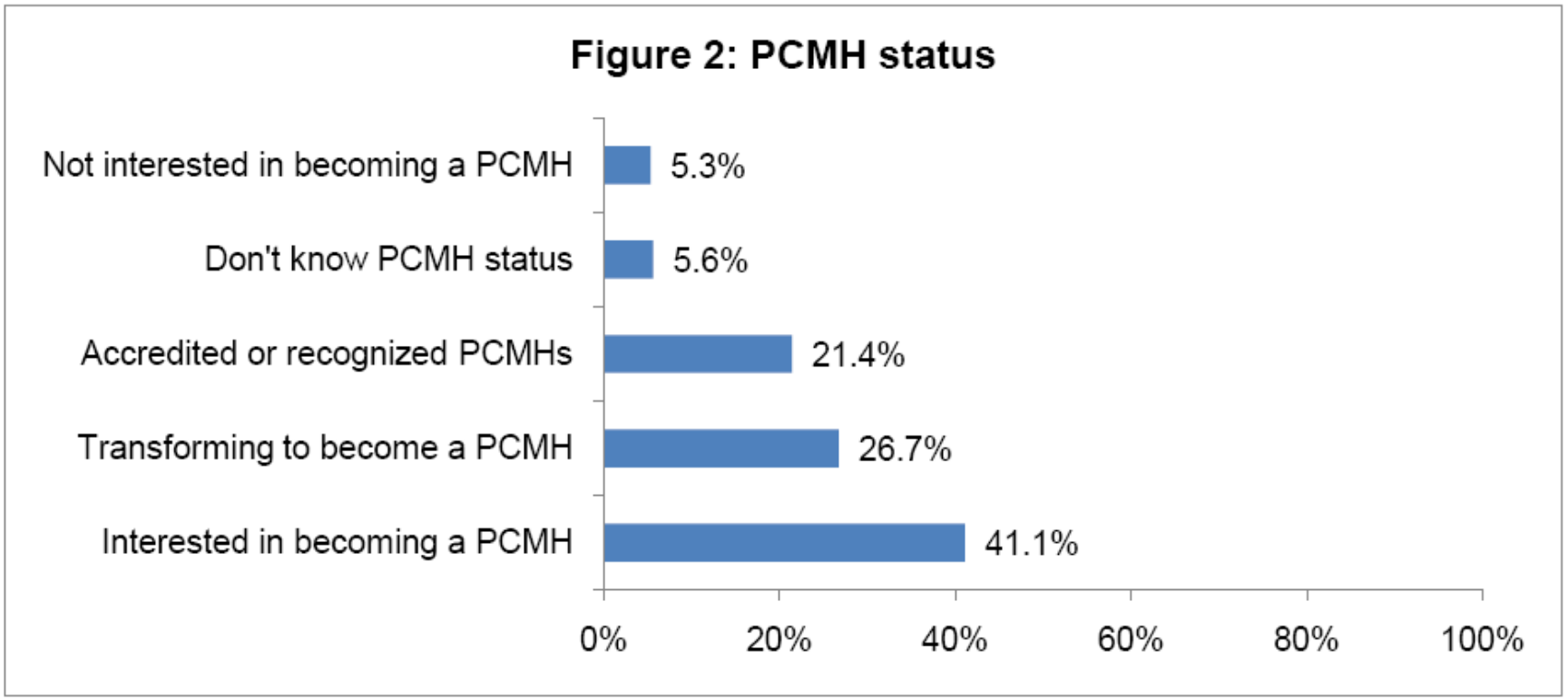
- Community Care of North Carolina
  - Medicaid Sponsored PCMH Initiative
  - Cumulative savings of $974.5 million over 6 years (2003-2008)
  - 40% decrease in hospitalizations for asthma and 16% lower emergency department visit rate
- HealthPartners Medical Group BestCare PCMH Model
  - Integrated Delivery System PCMH Model – Minnesota

  Between 2004 and 2009
  - 39% decrease in emergency department visits
  - 24% decrease in hospital admissions per enrollee

  Overall costs for enrollee
  - 100% of state average in 2004
  - 92% of the state average in 2008

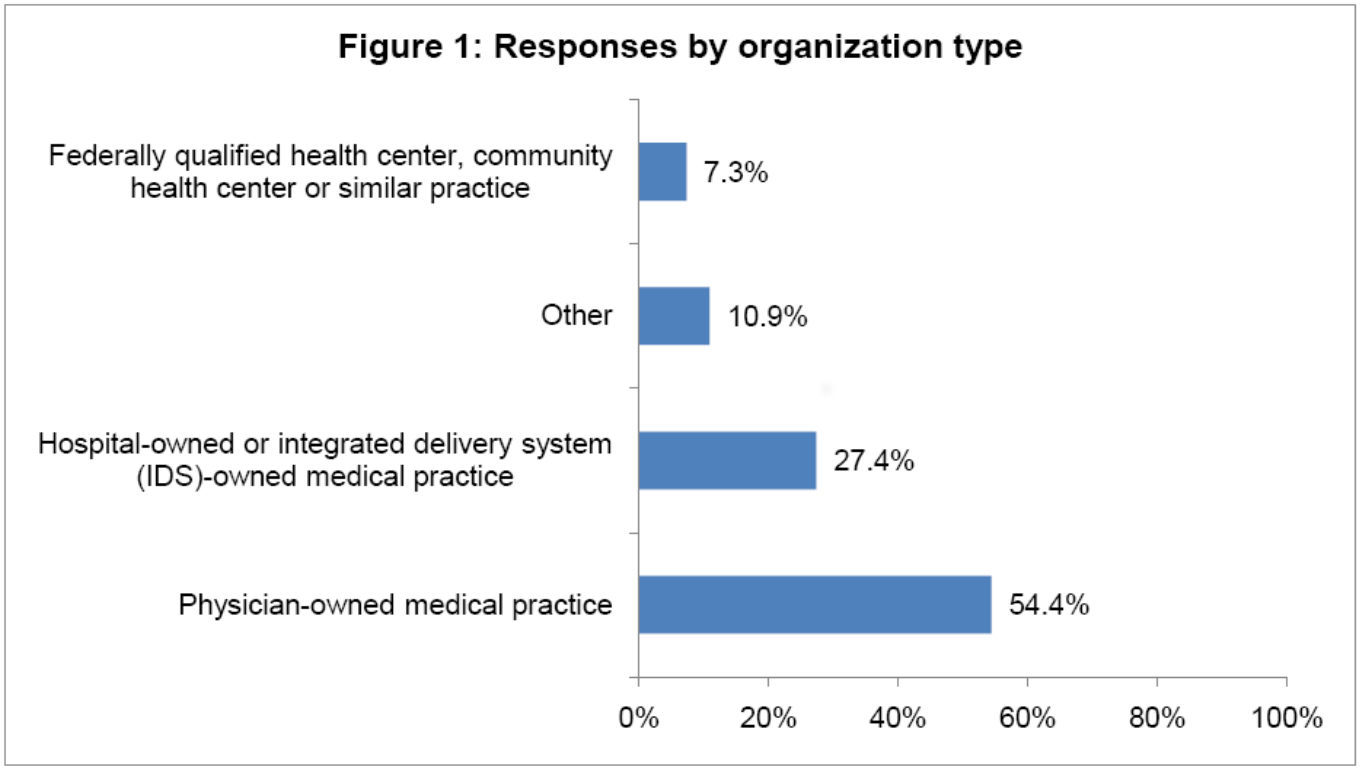
Source: http://www.pcpcc.net/files/evidence_outcomes_in_pcmh.pdf

PCMH status



Source: http://www.mgma.com/Books/The-Patient-Centered-Medical-Home/

Accredited or recognized for PCMH

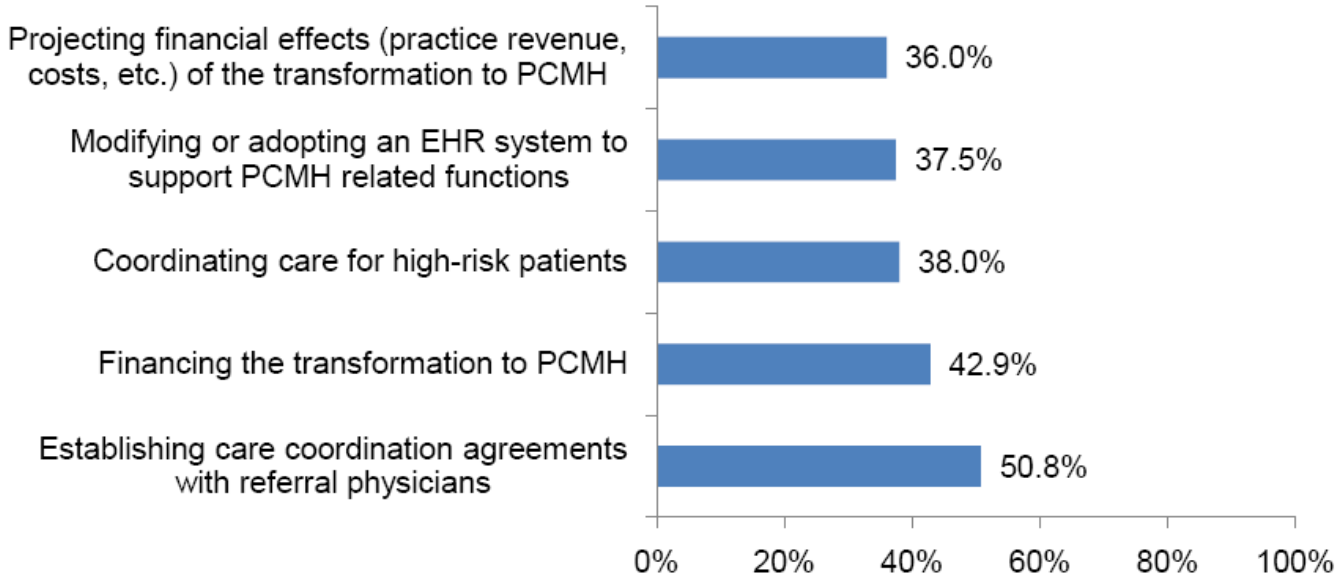


Physician-owned practices represented 53.7 percent of accredited or recognized PCMHs compared to 22.2 percent for hospital-owned medical practices, 14.8 percent for FQHCs and 9.3 percent from other categories with smaller representation. Of those transforming, physician-owned practices reported the highest percentage.

Source: http://www.mgma.com/Books/The-Patient-Centered-Medical-Home/

Top 5 Challenges – PCMH

Figure 8: Top five challenges faced by accredited or recognized PCMH practices during their transformation to become a PCMH



Note: The results are based on a 5-point scale where 1 = No challenge at all, 2 = Low challenge, 3 = Moderate challenge, 4 = Considerable challenge, and 5 = Extreme challenge. Challenge percentages represent an aggregation of "considerable" and "extreme challenge" responses.

Source: http://www.mgma.com/Books/The-Patient-Centered-Medical-Home/

Hawaii's Clinical Transformation

- Increased EMR / EHR adoption
- Beacon – Big Island
- HMSA
  - Pay for Quality
  - PCMH
  - Healthways
- HHIE and HPREC
- TeamPraxis - CQS/PHM + Amalga

CQS – PHM & Qualifying Therapeutic Discovery Projcet

Qualifying Therapeutic Discovery Project

- Patient Protection and Affordable Care Act of 2010
- Tax credit (2009 / 2010) or grant
- $1 Billion
- Not more than 250 employees

TeamPraxis CQS – PHM and Tax Credit

Award – over $244,000

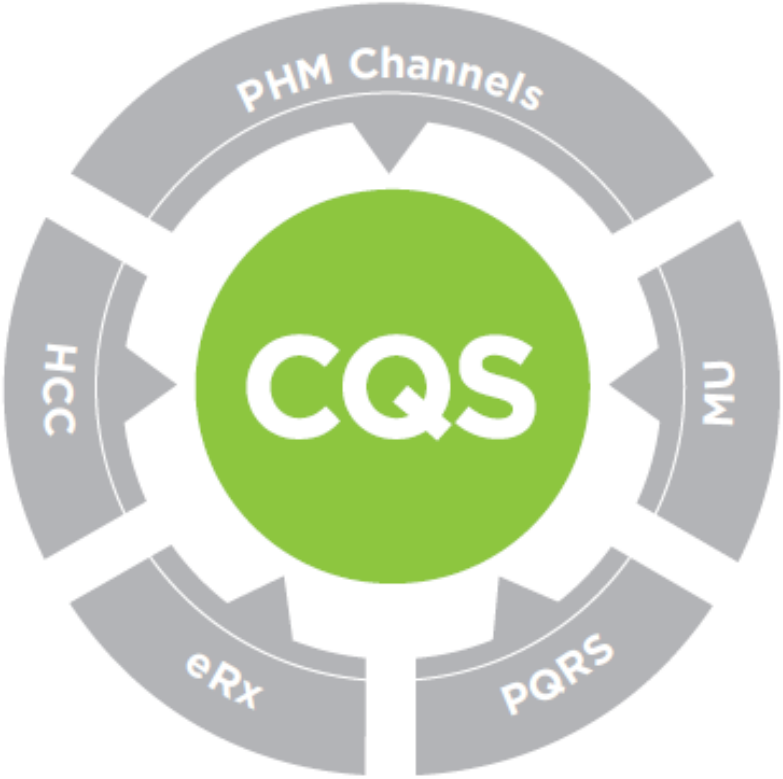
- 2009 ~ $100,000
- 2010 ~ $144,000

Qualifying

- Software to diagnose disease or condition
- Further delivery / administration of therapeutics
- Reduce long term healthcare costs

Clinical Quality Solution (CQS)

One Quality Platform with Multiple Channels



FRAMEWORK

- Rules Driven Framework
- Data Extraction & Warehouse
- Dashboards at the Point of Care

CHANNELS

- Up-to-date rules
- Algorithm Calculations
- Dashboard content

PHM: Population Health Management; MU: Meaningful Use; PQRS: Physician Quality Reporting System; eRx: e-Prescribing; HCC: HCC Diagnosis Recapture for Medicare Advantage

Clinical Quality Solution (CQS)

Nationally

85 Clients in 40 states
15,000+ providers

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PHM Channel Focus

Primary Care

- Diabetes
- Heart Disease
- Asthma
- Prevention

MEDICAL CENTER

NAME _____ AGE _____

ADDRESS _____ DATE _____

CQS

℞

- Improve outcomes for high priority diseases
- Improve provider efficiency when conducting quality initiatives
- Consistent clinical decision support across care settings

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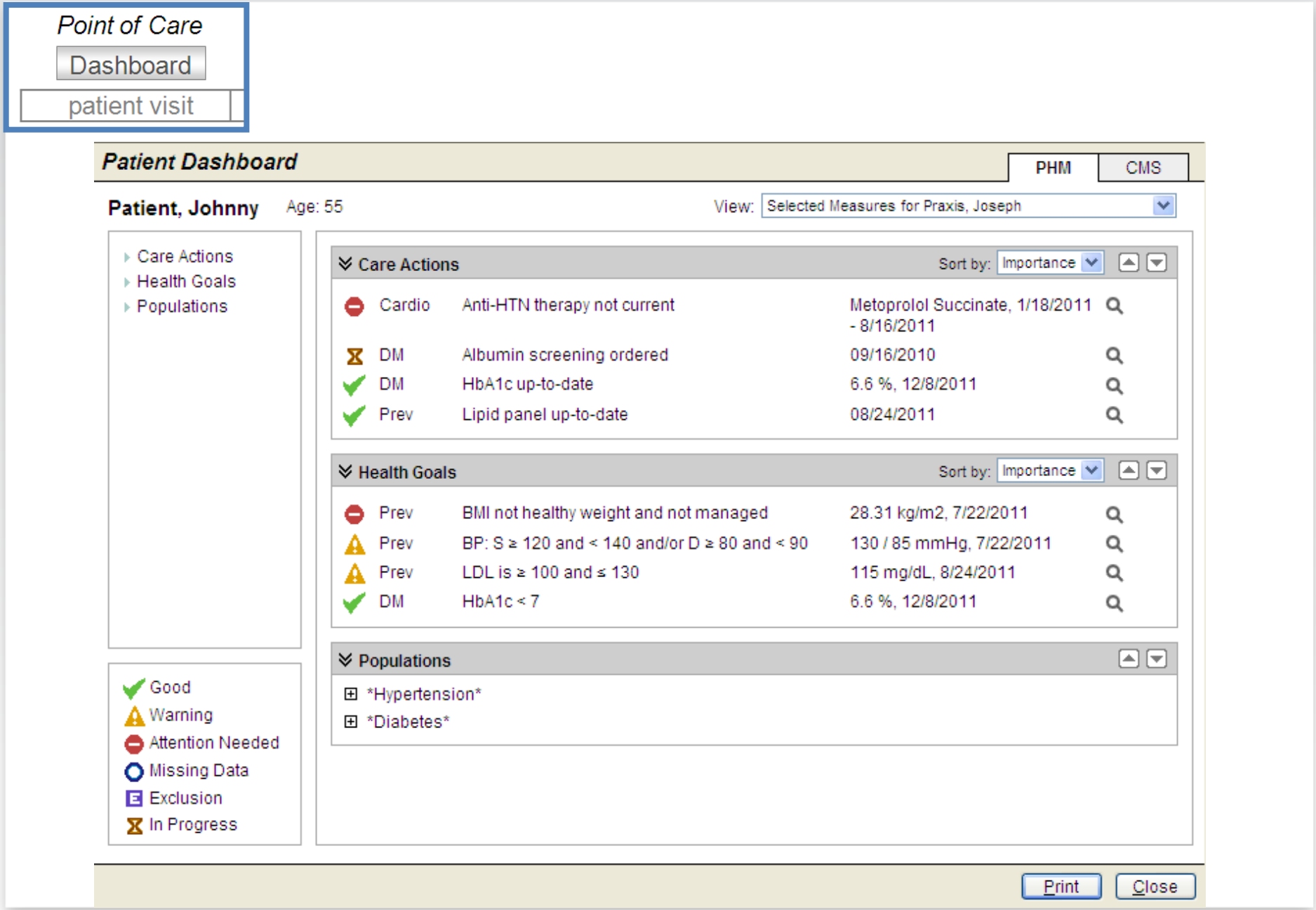

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PHM Focus - Diseases and Measures

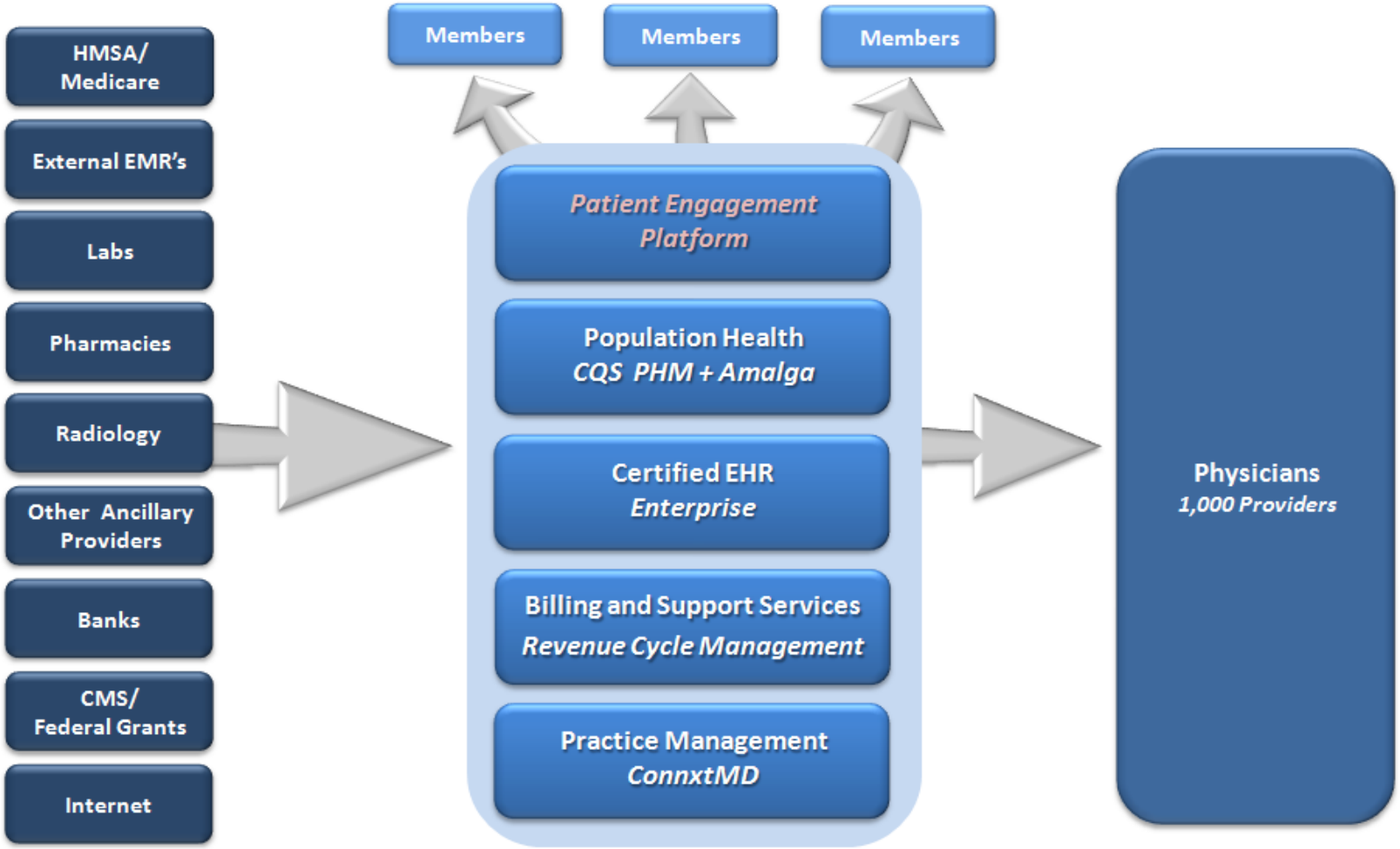
- **Process Measures** - "Care Actions" actions providers can take to improve their patients' health
- **Goal Measures** - "Health Goals" show health status of patient

CONDITION/GENRE	TOTAL MEASURES	GOAL MEASURES	GOAL TARGET LEVELS
Diabetes	5	1	3
Heart Disease (HTN*, CHF, CAD, MI, IVD)	9	0	0
Asthma	2	1	3
Prevention	16	5	15
Total	32	7	21

Microsoft Amalga

- TeamPraxis developed partnership in early 2011
- Integrated CQS – PHM + Amalga to create an incredibly powerful Population Health Management platform
- Currently installed for 15 physicians in Hawaii

Comprehensive Health IT stack



Hawaii's Independent Physicians

Delivery of care by independent physician

Practice Type	Percentage
Solo / 2 Physician practice	32%
3 to 5 physician - Group practice	15%
6 to 50 physician - Group practice	19%
Hospital-Based	13%
Medical School / University	7%

Source: Center for Studying Health System Change. 2008 Health Tracking Study Physician Survey. Sept. 2009

Independent Physician Challenges

Unique challenges for Independent Physicians as a…

…Business Person

…Care Provider

Hawaii's Independent physicians Meaningful Use successes

- 40 attest in 2011
- 27 TeamPraxis physicians attest in 2011

  - **all have received there $18,000 checks**
- Currently over 40 TeamPraxis physicians in 90 day attestation period
- Over 150 TeamPraxis physicians to complete attestation by the end of 2012

Collaborative PCMH pilot

2010 to 2012

- Queens Medical Center
- TeamPraxis
- Healthways
- 24 Independent physicians
- HMSA

PCMH Clinical Success

Goal: Determine and monitor the percentage of my diabetic population that is poorly controlled and compare that percentage to national and local standards.

Standards:

- **Best in nation = approx. 6%**
- **HMSA PPO: approx. 40%**
- **HMSA Medicaid: approx. 50%**

PCMH Clinical Success

- **Denominator definition:** diabetic patients ages 18 to 75
- **Numerator definition:** diabetic patients with an A1C > 9.0 plus diabetic patients with no A1C result in one year
- **Patients excluded denominator/numerator:**

  - have died/left the practice

  - > 75 years of age

PCMH Clinical Success

	Doctor #1	Doctor #2	Doctor #3	Doctor #4
Denominator (after exclusions)	137	117	46	140
Numerator (A1C > 9.0/no A1C)	34	13	5	9
% of population poorly controlled	24.8%	11.1%	10.8%	5.7%

Standards

Best in nation = approx. 6%

HMSA PPO: approx. 40%

HMSA Medicaid: approx. 50%

Independent Physicians and Clinical Transformation

Challenges

- Business sustainability
- New reimbursement & care models
- Participant & coordination agreements
- Leveraging and adapting to technology

Opportunities

- New revenue streams
- Cost reduction & improved care
- Funding

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